

1.) CORPORATION NAME:

FOLIOfn, Inc.

DUE DATE: **11/30/2011**

SCC ID NO: **05298518**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

OFFICER

MICHAEL HOGAN

8180 GREENSBORO DR 8TH FLOOR

MCLEAN, VA 22102

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	233,000,000
PREFA	16,000,000
COMB	92,000,000
PREFB	20,000,000
PREFER	22,000,000
PREFC	17,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8180 GREENSBORO DR.
8TH FL.

CITY/ST/ZIP: MCLEAN, VA 22102-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	STEVEN WALLMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO/CHAIRMAN		
ADDRESS:	9332 RAMEY LANE		
CITY/ST/ZIP/CO:	GREAT FALLS, VA 22066-		
NAME:	MICHAEL HOGAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	8180 GREENSBORO DRIVE		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102-		
NAME:	JOHN M GRILLOS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	196 SELBY LN		
CITY/ST/ZIP/CO:	ATHERTON, CA 94077-		
NAME:	J ALAN REID	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	101 CALIFORNIA ST		
CITY/ST/ZIP/CO:	STE 1600 SAN FRANCISCO, CA 94111-		
NAME:	CHERYL WITT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	8180 GREENSBORO DRIVE		
CITY/ST/ZIP/CO:	8TH FL. MCLEAN, VA 22102-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY CUSACK DIRECTOR 101 CALIFORNIA STREET SUITE 1600 SAN FRANCISCO, CA 94111-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD M COOK DIRECTOR 14750 LIVE OAK LANE SARATOGA, CA 95070-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHLEEN WALLMAN DIRECTOR 9332 RAMEY LANE GREAT FALLS, VA 22066-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY G BANKS DIRECTOR PO BOX 10287 OAKLAND, CA 94610-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRUCE SHEWMAKER DIRECTOR MVC CAPITAL 287 BOWMAN AVENUE, THIRD FLOOR PURCHASE, NY 10577-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MICHAEL HOGAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL HOGAN, EVP PRINTED NAME AND CORPORATE TITLE	1/12/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			